

Michigan Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring

CERTIFICATE OF APPOINTMENT FOR AUTHORIZED REPRESENTATIVE

Facility Name: _____

Address: _____ City: _____ Zip: _____

Notice is hereby given to the Michigan Department of Community Health in accordance with a provision of Rules for Nursing Homes that

_____ has appointed
(Owner of facility requesting license and/or certification)

_____ as its authorized representative to:

(Name)

- a. Submit applications and make amendments thereto.
- b. Provide the Department with all information necessary for a determination with respect to applications.
- c. Enter into agreements with the Department in connection with licensure or certification.
- d. Receive notice and service of process in matters relating to licensure or certification.

This action taken on _____ and is effective immediately.
(Date)

This appointment will remain in effect until written notice of termination is sent to the Director, Division of Nursing Home Monitoring.

Signature of Owner

Title

Witness: _____

Date: _____

Witness: _____

Date: _____

Please remit to:

Department of Community Health
Bureau of Health Systems
Division of Nursing Home Monitoring
P.O. Box 30664
Lansing, MI 48909